

Fill in this information to identify the case:

Debtor name Graxcell Pharmaceutical LLC

United States Bankruptcy Court for the: District of New Jersey
(State)

Case number (if known): _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim |
|--|--|
|--|--|

2.1 Creditor's name

Flagship Credit

Describe debtor's property that is subject to a lien

\$22,855.00

unknown

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Date debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.
 Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$32,855.00

Debtor Graxcell Pharmaceutical LLC
Name _____

Case number (if known) _____

| Part 1: Additional Page | | <i>Column A</i> Amount of claim Do not deduct the value of collateral. | <i>Column B</i> Value of collateral that supports this claim |
|--|--|---|--|
| Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. | | | |
| 2.2 Creditor's name <u>Santander</u> | Describe debtor's property that is subject to a lien | <u>\$10,000.00</u> | <u>unknown</u> |
| Creditor's mailing address _____ _____ _____ | Describe the lien | | |
| Creditor's email address, if known _____ | Is the creditor an insider or related party? | | |
| Date debt was incurred _____ | <input checked="" type="checkbox"/> No | | |
| Last 4 digits of account number _____ | <input type="checkbox"/> Yes | | |
| Do multiple creditors have an interest in the same property? | Is anyone else liable on this claim? | | |
| <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes. Have you already specified the relative priority? | <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). | | |
| <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ | As of the petition filing date, the claim is: Check all that apply. | | |
| <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | <input type="checkbox"/> Contingent | | |
| | <input type="checkbox"/> Unliquidated | | |
| | <input type="checkbox"/> Disputed | | |